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1473 7590 10/10/2006

FISH & NEAVE IP GROUP  
ROPES & GRAY LLP  
1251 AVENUE OF THE AMERICAS FL C3  
NEW YORK, NY 10020-1105

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/614,067 07/03/2003 Glen J. Leedy ELM-2 DIV 6 8117

TITLE OF INVENTION: THREE DIMENSIONAL STRUCTURE INTEGRATED CIRCUIT 11/16/2006 MBELETE2 00000016 061075 10614067

01 FC:2501 700.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 45.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	01/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PERKINS, PAMELA E	2822	257-074000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<b>Fish &amp; Neave IP Group of Ropes &amp; Gray LLP</b>
		<b>3 Jeffrey D. Mullen</b>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **ELM TECHNOLOGY CORPORATION**  
(B) RESIDENCE: (CITY and STATE OR COUNTRY) **SALINE, MI**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies <b>15</b>	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <b>06-1075</b> (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above)  
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

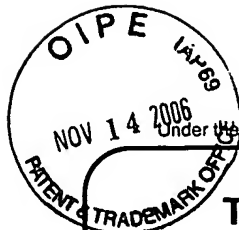
Order No. 001202-0132

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Authorized Signature Jeffrey D. Mullen Date November 14, 2006  
Typed or printed name Jeffrey D. Mullen Registration No. 52,056

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/614,067 (Conf. No. 8117)
	Filing Date	July 3, 2003
	First Named Inventor	Glen J. Leedy
	Art Unit	2822
	Examiner Name	Pamela E. Perkins
Total Number of Pages in This Submission	Attorney Docket Number	ELM-2 Div. 6

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTOL-85 Part B – Fee(s) Transmittal (in duplicate); and Comments on Statement of Reasons for Allowance.		
<table border="1"><tr><td>Remarks</td></tr><tr><td>The Director is hereby authorized to charge any fee(s) due under 37 CFR 1.16 or 1.17 to Deposit Account Number 06-1075, Order No. 001202-0132.</td></tr></table>			Remarks	The Director is hereby authorized to charge any fee(s) due under 37 CFR 1.16 or 1.17 to Deposit Account Number 06-1075, Order No. 001202-0132.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Fish & Neave IP Group of Ropes & Gray LLP Customer No. 1473		
Signature			
Printed name	Jeffrey D. Mullen		
Date	November 14, 2006	Reg. No.	52,056

CERTIFICATE OF MAILING UNDER 37 CFR 1.10 EXPRESS MAIL LABEL NO. EV669678844US			
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Signature			
Typed or printed name	Isatta B. Smith	Date	November 14, 2006

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